

**South Dakota CACFP
Workshop
Registration Form**



Building for the Future

Instructions:

Return your completed registration form to the address below as soon as possible or at least twenty (20) days prior to the workshop. A confirmation letter including directions to the training site will be mailed to you 7 to 10 days prior to the workshop. Make additional copies of this page if needed. **Please print or type** the name of the workshop, location, date, and person(s) attending for each workshop.

Name of Authorized Representative: _____

Name of Local Agency: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Name of Workshop	Location	Date	Person(s) Attending	Job Title (place an X in the appropriate column(s))				
				Director	Board Member	Food Service	Teacher	Other

Please indicate requests for alternative formats and/or interpreters:

Disk _____ Braille _____ Large Print _____ Interpreter _____

Other Access Requests: _____

Please list any specific questions you have related to the topic of the workshop you are attending. (As you consider the questions you have for this workshop, also think about questions that you had when you first started on the Program as these may be unanswered questions for others.)

Return the completed registration form and questions to:

Melissa Halling
Child and Adult Nutrition Services – DOE
800 Governors Drive
Pierre, SD 57501-2235

E-mail: melissa.halling@state.sd.us
Phone: (605) 773-3566
Fax: (605) 773-6846